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..WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29586

Primary Registration District No. 1003

Registrar's No. 7784

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Flat River 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1122 E. Main St. 2
(If rural, give location)

NR

(e) Citizen of foreign country? ..... (Yes or No) /

If yes, name country .....

3. (a) PRINT FULL NAME Clarence Alfred Thurman

3. (b) If veteran, name war No

3. (c) Social Security No. 493-03-9511

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Velle Thurman

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January (Month) 10 (Day) 1892 (Year)

8. AGE: Years 55 | Months 7 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Doe Run (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Machinist

11. Industry or business St. Joseph Lead Co.

MOTHER FATHER

12. Name William Thurman

13. Birthplace ..... Missouri (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Alice Burch

15. Birthplace Doe Run (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. C. A. Thurman

(b) Address Flat River, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-47 (Month) (Day) (Year)

(c) Place: burial or cremation Doe Run, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 15 1947 (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14

year 1947 hour 5 minute 40 A.M.

21. I hereby certify that I attended the deceased from August 6, 19 47 to August 14, 19 47; that I last saw him alive on August 14, 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary embolism	
Due to Leukemia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature F. R. Bradley (M. D. or other)

Address Barnes Hospital Date signed 8/14/47

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. W. Wilkinson

Licensed Embalmer No. 35 75

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.